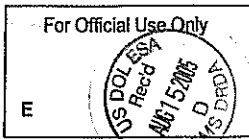


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8150	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name DAVID M. WEBER P.O. Box, Bldg., Room No., if any Street 604 W. LLOYD ST. City EBENSBURG State PA 15931 ZIP Code + 4 1814	4. Name, file number, and address of labor organization. Name LABORERS INTERNATIONAL UNION of N.A. Labor Organization File Number 000-131 P.O. Box, Building and Room Number, if any Street 905 16 <sup>th</sup> ST. N.W. City WASHINGTON State DC 20006 ZIP Code + 4 1765
5. Position in labor organization. INTERNATIONAL Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed David M. Weber	On 7/20/05 814. 472- 2033 Date Telephone Number

Name of Person Filing <b>DAVID M. WEBER</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>W. PA. LABOREES Educ. + TRAINING Trust Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>317 DEER CREEK ROAD</b></p> <p>City <b>SAXONBURG</b></p> <p>State <b>PA</b> <b>16056</b> ZIP Code + 4 <b>2405</b></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>W. PA. LABOREES Educ. + TRAINING Trust Fund</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>317 DEER CREEK ROAD</b></p> <p>City <b>SAXONBURG</b></p> <p>State <b>PA</b> <b>16056</b> ZIP Code + 4 <b>2405</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>I ATTENDED AN EDUCATIONAL SEMINAR ON BEHALF OF THE TRAINING FUND WHICH I SERVE AS A TRUSTEE.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>966.90</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>REIMBURSEMENT OF EXPENSES TO ATTEND AN EDUCATIONAL SEMINAR.</b></p> <p>12.b. Amount. <b>966.90</b></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

# TRUSTEE EXPENSE VOUCHER

David M. Weber - West. PA. Laborers Education & Training Fund  
(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT Bally's Las Vegas, NV ON 1.10.04 - 1.14.04  
(Location) (Date(s))
- ☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT Bally's Las Vegas, NEVADA  
(Location)
- ON 1.10.04 - 1.14.04 SPONSORED BY INTERNATIONAL Foundation  
(Session Date(s)) (Meeting Sponsor)
- ☐ OTHER: \_\_\_\_\_  
(Describe Reason for Incurred Expenses)

## TRANSPORTATION:

DATE OF DEPARTURE 1.10.04 DATE OF RETURN 1.14.04

☐ PRIVATE AUTOMOBILE \_\_\_\_\_ MILES AT .325 \* PER MILE \_\_\_\_\_

☒ AIRFARE ☐ TRAIN ☐ BUS - (ATTACH COPY OF TICKET.. (Original)) \_\_\_\_\_ \$ 371.00

☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \_\_\_\_\_ \$ \_\_\_\_\_

## HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) (Original) \$ 350. Already Reimb. Bal. \$ 260.40

## MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ 1,020. Already Reimb. Bal. \$ -00.

## DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) (Original) \$ 335.50

TOTAL EXPENSES \$ \_\_\_\_\_

## SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 966.90

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ 2,000.00

EQUALS \$ 1,033.10

☒ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED

OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 16 DAY OF JAN. 2004

David M. Weber  
(Signature of Trustee)

604 W. Lloyd St. Ebensburg Pa. 15931  
(Address and City)

NOTE:  
do not  
attach  
subtra  
air tran  
expens



DAVID M. WEBER  
FRANCINE M. WEBER  
604 W. LLOYD STREET  
EBENSBERG, PA 15931

3829

60-1809/439  
BRANCH 2420

JAN. 16, 2004

Date

\$ 1033.10

Pay to the Order of W. PA. Education/Training Fund

One Thousand Thirty Three Dollars — 10/100

Dollars



Security  
Features  
Details on  
Back

First National Bank

For

David M. Weber

MP

directly by the Trust Fund,  
are included on any of the  
pancy by a family member,  
re otherwise included with  
oucher. Reimbursement of

Name of Person Filing <b>DAVID M. WEBER</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **W. PA LABORERS Educ + TRAINING Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **317 DEER CREEK ROAD**

City **SAXONBURG**

State **PA.** **16056** ZIP Code + 4 **2405**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **W. PA. LABORERS Educ. + Training Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **317 DEER CREEK ROAD**

City **SAXONBURG**

State **PA** **16056** ZIP Code + 4 **2405**

11.a. Nature of such dealing.

**I ATTENDED AN EDUCATIONAL SEMINAR ON BEHALF OF THE W. PA LABORERS Education AND TRAINING TRUST FUND.**

11.b. Approximate dollar value of such dealing.

**\$ 2,183.00**

12.a. Nature of interest held or income received.

**REIMBURSEMENT OF EXPENSES TO ATTEND AN EDUCATIONAL CONFERENCE**

12.b. Amount.

**\$ 2,183.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

# TRUSTEE EXPENSE VOUCHER

W. PA. LABOREES TRAINING Trust Fund  
(Name of Trust Fund(s))

THIS VOUCHER IS FOR:

- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT \_\_\_\_\_ ON \_\_\_\_\_  
(Location) (Date(s))
- ☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT Disney's Yacht/Beach Club Orlando, FL  
(Location)
- ON 1.17.04/1.22.04 SPONSORED BY LIUNA TRI Fund Conference  
(Session Date(s)) (Meeting Sponsor)
- ☐ OTHER: \_\_\_\_\_  
(Describe Reason for Incurring Expenses)

## TRANSPORTATION:

DATE OF DEPARTURE 1.16.04 DATE OF RETURN 1.22.04

☐ PRIVATE AUTOMOBILE \_\_\_\_\_ MILES AT .325 PER MILE \_\_\_\_\_ \$

☒ AIRFARE ☐ TRAIN ☐ BUS - (ATTACH COPY OF TICKET.. (Original)) \_\_\_\_\_ \$ 321.20

☒ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \_\_\_\_\_ \$ 234.43

## HOTEL OR MOTEL:

☒ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) (Original) \_\_\_\_\_ \$ 1,170.75

## MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \_\_\_\_\_ \$

## DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) (Original) \_\_\_\_\_ \$ 457.50

TOTAL EXPENSES \_\_\_\_\_ \$ 2,183.88

## SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \_\_\_\_\_ \$ 2,183.88

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \_\_\_\_\_ \$ 2,400.00

## EQUALS

☒ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED \_\_\_\_\_ \$ 216.12

## OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT \_\_\_\_\_ \$

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 23 DAY OF JAN. 2004

David M. Weber  
(Signature of Trustee)

604 W. Lloyd St. Ebensburg, Pa. 15931  
(Address and City)

NOTE  
do not  
attach  
subtrac  
air trans  
expens



DAVID M. WEBER  
FRANCINE M. WEBER  
604 W. LLOYD STREET  
EBENSBURG, PA. 15931

3838

60-1809/433  
BRANCH 2420

JAN. 23, 2004  
Date

Pay to the Order of W. PA. TRAINING Fund

\$ 216.12

Two Hundred Sixteen Dollars — 12/100

Dollars Security Features Details on Back

First National Bank

For

David M. Weber MP

⑆043318092⑆ 85⑈1042⑈7⑈ 3838

directly by the Trust Fund,  
are included on any of the  
agency by a family member,  
re otherwise included with  
voucher. Reimbursement of